

No. C 94744	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address - Please Correct, If Not Correct EMERGENCY MEDICINE GROUP, P. P O BOX 41 NAMPA ID 83655		NEIL FARRIS 921 SCOTTS AVE NAMPA ID 83651
	3. Organized Under the Laws of: ID C 94744		
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
<u>Pres</u>	<u>Neil FARRIS</u>	<u>921 Scotts Ave</u>	<u>Nampa</u> <u>Id</u> <u>83686</u>
<u>Sec</u>	<u>Mike W. CARTE</u>	<u>10094 W Edna</u>	<u>Boise</u> <u>Id.</u> <u>83704</u>
<u>Dir.</u>	<u>MARK Thomas</u>	<u>3640 Woodmont</u>	<u>Meridian</u> <u>Id.</u> <u>83642</u>
<u>Dir.</u>	<u>Stan McCaree</u>	<u>2405 Alder</u>	<u>Caldwell</u> <u>Id</u> <u>83605</u>
5. Signature of New Registered Agent		6. Signature <u>Stanley W. McCaree</u> Name (Typed or Printed) <u>STANLEY W McCAREE</u> Date <u>9-24-99</u> Title <u>Dir.</u>	

ISSUED: 07-03-1999

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